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COMMUNICATIONS.

A CASE OF SEVERE INJURY OF THE BRAIN—DEATH AFTER ELEVEN WEEKS.

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About 7 P.M., March 3d, 1879, was called in haste to see Clyde Bell, a boy about three years of age, who, while playing with some children a few minutes before, with some sharp sticks of pine, had accidentally run or fallen against one in such a manner as to penetrate the left orbit. Arriving at the house about five minutes after the accident occurred, I found a stick projecting from the left orbit about a quarter of an inch. The child was in a comatose condition, with stertorous breathing, hands and feet cold, and pulse barely perceptible. Having with me only a very light pair of forceps, I found it impossible to remove the stick with them, so firmly was it imbedded. I sent a messenger to Drs. W. J. and C. Chenoweth, requesting them to come immediately, and bring with them a strong pair of forceps. They arrived in a few moments and attended the case with me throughout. Dr. W. J. Chenoweth applied a strong pair of forceps to the projecting end of the stick, and with considerable force removed it. The stick was a pointed piece of pine, about a quarter of an inch thick and five and a quarter inches in length, only about a quarter of an inch of which was projecting. It had entered the left orbit just between the eye and the nose, puncturing the inner portion of the upper lid, pierced the orbital plate of the frontal bone, and taken a direction toward a point about two inches

above the right ear; consequently, at least four inches of it must have been imbedded in the anterior and superior lobes of the brain. On removing the stick a small portion of brain followed, and but very little blood. We placed the child in a favorable position for drainage of the wound, and applied hot applications to extremities. None of us thought the child could live through the night; at most, a few days.

9 P.M. Pulse more full; extremities warmer; has vomited two or three times, and occasionally is partially aroused and cries, when it is allowed to inhale sufficient chloroform to quiet it.

12 P.M. Pulse 110 and full; extremities warm. The child called "Papa," and put its hand to its head, as if in pain. Gave a hypodermic injection of morphia sulphate, grains $\frac{1}{6}$. From this time to about 2 A.M. the child would partially arouse about every fifteen minutes, cry with pain, and twice asked for a drink of water, which was given it, and then remain quiet again.

2 A.M. Pulse 110; breathing almost natural; skin hot and dry. Gave morphia, gr. $\frac{1}{6}$, by hypodermic injection.

4 A.M. Has been resting well since last injection, but is becoming a little restless now; condition otherwise about the same; repeated the injection of morphia, gr. $\frac{1}{6}$.

8 A.M. Roused up and asked for milk, which was given it, and then asked to get up. Don't seem to be suffering any pain. There is hemiplegia of the left side. In case it should become restless, ordered it given morphia, gr. $\frac{1}{6}$.

12 M. Has been resting quietly, though has had no morphia since 4 A.M.

4 P.M. Has been conscious at times, since noon, and asks for what it wants. Has taken

some beef tea, but no medicine of any kind since 4 A.M., as he seems to rest well without it. Pulse 100. Breathing rather heavy, but regular.

8 P.M. No perceptible change.

12 P.M. Pulse intermittent, weak and thready. Gave an enema, by which the bowels were moved.

March 5th. Pulse 82, weak, thready and irregular. Respirations 24. He is conscious, and asks for what he wants. Passes water regularly. Applied a poultice over the wound, to favor discharge.

1 P.M. Condition about the same as in the morning. We are giving just morphia enough to keep the child quieted.

6 P.M. Condition unchanged.

6th. 9 A.M. Has partially recovered the use of the left side. Pulse 80, weak and intermittent. Respirations 24, and nearly natural. Has rested well through the night. Very little discharge from the wound.

3 P.M. Pulse 100 and more regular. Temperature normal. Wound discharging pus. The child is perfectly conscious and rational, and was awake about two hours this afternoon, looking around the room, recognizing its friends, and resting quietly. Bowels and kidneys are acting naturally.

7th. 4 A.M. Pulse 90. Respiration 24. Child fretful and uneasy. Skin hot, but moist.

9 A.M. Very fretful and uneasy; cries if strangers come near. Surface hyperæsthetic and itchy. Wound discharging pus in a moderate amount. Skin moist. Slight incoördination of the muscles of the right side. Ordered sponge bath, to relieve the itchiness, which had the desired effect.

5 P.M. Pulse 98 and regular. Respiration normal. Hyperæsthesia has disappeared. Bowels have been moved by enema. Has been resting quietly since 10 A.M. Has full use of left side. Is perfectly rational and inclined to play.

8th, 10 A.M. Pulse 90 and regular. Respirations normal. There now is paresis of left side. The power of coördination has returned to right side. Slept well and naturally through the night. Has complained of pain in the head once this morning. Is inclined to play, and is hungry. We only allow it fluid nourishment, and that in small quantities at a time.

6 P.M. Pulse 90 and intermittent. Has rested well through the day, though has had no morphia since 3 A.M. Is perfectly rational and is inclined to play. Wished to stand on the floor to-day, which it was allowed to do. It was able to take two or three steps, being supported.

9th. 10 A.M. Pulse 80 and intermittent. General condition better. Ordered dose of castor oil, to thoroughly unload the bowels, as they have only been moved by enema heretofore.

4 P.M. Pulse 90 and more regular. Has rested well through the day, except once or twice, when it complained of pain in the head. Has had no morphia or anything to quiet it since 5 A.M. Bowels have been moved freely by the oil given this A.M.

10th. 9 A.M. Pulse 110 and regular; rested and slept well through the night. Is very hungry; only allow it light food in small quantities. Is inclined to talk a good deal this morning, and is perfectly rational, as, indeed, it has been from the first. The explanation we give for the pulse varying from 80 to 110 is, that when it is beating 80 or near that, per minute, it is intermittent, and misses every fourth or fifth beat, whereas, when it is 100 or over, it is not intermittent, and loses no beats; so that the variation of the pulse relates more to the intermission than the rapidity. Paresis of the left side still continues.

5 P.M. Pulse 82 and again intermittent. No change perceptible since morning.

11th. 10 A.M. Bowels were moved last night with oil. Is having better use of left side. The child is bright and playful, and rested well through the night.

5 P.M. Pulse 80 and intermittent. Improvement in general condition. More inclined to talk and play to-day than since it has been hurt.

12th. 1 P.M. Pulse 110 and regular. Skin moist. Has been more restless and fretful to-day than usual. Bowels moved by a dose of oil given this morning.

13th. 2 P.M. Pulse 110 and regular. The oedema has entirely disappeared from the eyelid. Wound discharging slightly. Fretful at times.

14th. 1 P.M. Pulse 100 and regular. Is able to partially open the left eye. Paresis of the left side decreasing. Has had no morphine for three days, still, is not suffering, though fretful and uneasy at times.

15th. 2 P.M. Pulse regular and normal. General condition seems very much improved. Wound discharging only very slightly. Has still slight paresis of left side. Is able to open left eye, which moves with the right, and it seems to have full use of it.

16th. 4 P.M. Pulse 80 and irregular. More inclined to talk and play than has been. No discharge from the wound to-day,

17th. 1 P.M. Pulse 80 and very irregular. He is fretful and uneasy; complains of something hurting him, though does not localize the pain;

seems to have a general feeling of uneasiness. Some hyperæsthesia of left side. Ordered a full dose of castor oil, and a sponge bath. A small dose of morphia was given it at 11 A.M. to-day, which is the first it has had since the 11th.

19th. 2 P.M. Pulse 76 and intermittent. Wound entirely healed. Child very fretful and complains of pain in the head. Vomited once this morning, and seems to be suffering from indigestion. Ordered elix. rhei et magnes., $\mathfrak{z}\mathfrak{j}$, to be repeated in four or five hours, if necessary, and to use an enema.

20th. 1 P.M. Pulse 100 and natural. Bowels were freely opened with the elix. rhei et magnes., and since then has felt much better. To-day he is bright and playful, and is much better in every respect than has been since the accident. The parietic condition of left side is growing less every day. He is gaining strength, and is now able to sit up alone.

23d. 10 A.M. General condition very much improved. Child is still fretful and its bowels are inclined to constipation. Has had some nausea and indigestion, for which prescribed bismuth sub. nit., in one-grain doses.

24th. 10 A.M. Child slept better last night than usual. Pulse about normal. Prescribed

R. Elix. pepsin, bismuth and strychnia $\mathfrak{z}\mathfrak{vj}$
Elix. simp., $\mathfrak{z}\mathfrak{xxvj}$. M.

Sig.—A teaspoonful morning and evening.

27th. 4 P.M. Patient very fretful. Slight strabismus of left eye. The great toe of left foot extended, while the remaining toes of same foot are flexed. Bowels constipated. For the last two days, as the weather has been pleasant, the child has been out of doors a good deal, in his buggy. As the nervous irritability is so great to-day, we will discontinue the elix. pepsin, bismuth and strychnia. Ordered for the constipation, hydrag. cum cret., gr. \mathfrak{vj} ; and after the bowels are opened, the following, as a laxative:—

R. Fl. ext. cascara sagradae, $\mathfrak{z}\mathfrak{ijss}$
Elix. simplicis, ad $\mathfrak{z}\mathfrak{ij}$. M.

Sig.—Fifteen drops four times a day.

And to relieve nervous irritability—

R. Tr. opii, deod., gtt. \mathfrak{v} .

Every four to six hours, as needed.

29th, 11 A.M. Flexor muscles of left leg contracted, and the leg flexed on the thigh. The great toe extended and the others flexed. As the bowels are still constipated, ordered the medicine prescribed on the 27th to be given every four hours. The hyd. cum cret. given on the 27th acted freely.

30th, 9 A.M. The father called this morning,

and stated that the child vomited every time it took the medicine, and that its bowels had not yet been moved by it. Gave some bismuth powders, to be taken a short time before the cascara, to quiet the stomach, and ordered the dose of the cascara to be doubled.

31st, 3 P.M. General condition better than for several days, though there is still a good deal of nervous irritability. Bowels moved this morning freely, and has had no vomiting since yesterday. Continued same treatment.

April 3d, 11 A.M. Has complained of pain in left foot and hand. There is still some contraction of the muscles of the toes of the left foot, though not so marked as before, and the toes are now easily straightened by slight pressure. As the cascara sagrada makes him sick every time he takes it we have discontinued it, and ordered the following:—

R. Fl. ext. hyoscyami, $\mathfrak{z}\mathfrak{j}$
Elix. simp., ad $\mathfrak{z}\mathfrak{iv}$. M.

Sig.—A teaspoonful three times a day.

The above is given for the purpose of acting on the bowels, as well as for its sedative effect.

7th, 3 P.M. Has not been so fretful since last visit. Muscles of the toes of left foot are now entirely relaxed and natural. Has been playful and cheerful. Bowels moved naturally on the 5th, but since then they have not. Ordered an enema, and the dose of hyoscyamus increased one-half.

15th. Pulse 88, and somewhat irregular. Bowels still inclined to constipation, and are kept open by enema and castor oil, with an occasional dose of hyd. cum. cret. Parietic condition improved slightly. There is a slight tendency to contraction of the flexors of left leg. He is gaining in strength, and is now able to sit up, but not to walk.

24th. Has been to the country for several days, and comes back very much improved. Is more cheerful, appetite, digestion and color improved, and bowels acting more regularly and naturally. There is a lack of coördination of the muscles of the left side, and at times a tonic contraction of the flexors of the left leg and toes, except the great toe, which is extended, but when taken hold of they yield readily to pressure, though at times are slightly rigid.

May 20th. Child has been steadily gaining since last report. Bowels and kidneys are now acting naturally, and the child is gaining in weight. Parietic condition and lack of coördination of left side so far improved, that for the past few days he has been able to stand alone and take a few steps by holding to a chair. About 3

p.m. his mother left him asleep, in care of other children, and went out; returning an hour later, she found him crying very hard and very much excited. He then had one or two mild spasms, and was entirely unconscious after the first. Dr. Chenowith and myself were hastily summoned, and arriving about 5.30, found the child in a comatose condition, with stertorous breathing, with every symptom of pressure on the brain. Had one or two mild spasms soon after we arrived. We endeavored to get his bowels to move by enema, and as he could not swallow, rubbed croton oil over the abdomen, but did not succeed in getting them to move. Was perfectly unconscious and comatose after the first spasm, and died at 8.30 p.m. Post-mortem refused. We learned that he had eaten some green gooseberries given him by children the day before his death, and that he was subject to spasms before the injury, after eating indigestible material. We also learned that he had fallen out of his buggy the morning of his death, while in care of children. The spasms might have been caused by indigestion, and the spasm might have caused a rupture of a vessel in the cicatrice of the wound in the brain, and thereby produced compression; or the excessive crying and excitement just before the spasm might have had the same effect. Or, possibly, the fall from his buggy might have contributed something toward the result. The case is of interest as showing the amount of injury that may be done the brain without affecting the intellect. There was no disturbance of his mental faculties after the third day from the injury, except some irritability. We were surprised, at first, that he could live with so severe an injury, but after living eleven weeks, with a steady improvement, we were not looking for him to die so suddenly. We regret that we were unable to obtain a post-mortem examination, as it might have thrown some light on cerebral localization, by determining the portion of the brain injured.

Internal Use of Tar.

Prof. Reclam, of Leipzig, in a number of the *Berlin Klin. Wochenschrift*, July, reports some therapeutic experiments with tar. He used it in pills or capsules, and says that tar water is not so efficient. One curious and constant effect noted was that the urine of a patient taking tar does not decompose for five or six days, instead of in twenty-four hours, as usual. The general indication for tar, he says, is a chronic catarrhal inflammation of the mucous passages of the respiratory or urinary tract, as bronchitis, vesical catarrh, gleet, etc.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.
NOVEMBER 15TH, 1879.

REMARKS UPON TWO CASES OF CEREBRAL
APOPLEXY—ONE WITH APHASIA—
CONTRASTED WITH ALCOHOLIC
DEMENTIA.

BY PROF. DACOSTA.

REPORTED BY DR. FRANK WOODBURY.

Case 1.—Effusion into Right Hemisphere, with Left-sided Hemiplegia.

GENTLEMEN:—At the conclusion of the hour, at my last clinic, we were engaged in discussing the pathology of a case of recent fatal apoplexy, the condition being well illustrated by the specimen we had before us. You recall the fact that the case came into the hospital on the day of his attack, and survived four days. He was sixty-six years of age, and had been previously healthy. It was reported that he had exhibited complete left-sided paralysis when first seized, but after admission, when he had become conscious, so that he made correct replies to some questions put to him, it was found that the leg could be moved, but the left arm remained completely powerless. You recall the appearance of the clot, how it affected alike the corpus striatum and part of the optic thalamus, breaking down the internal capsule; in other words, lacerating the great motor tract, as well as part of the parietal convolutions. You also remember that we had begun the consideration of the clinical effects produced by this central lesion; we will therefore resume the discussion at this point.

The one effect of the effusion which struck us particularly during life, was the dissimilar degree of palsy in the arm and the leg, one being so much more affected than the other; suggesting, at first, that the lesion was not situated in the corpus striatum, but in one of the special cortical centres in the great motor area of the brain. But does this follow? Given a case of suddenly developed hemiplegia, more marked in the arm than in the leg, or principally in the lower extremity, does it indicate that the lesion is in a cortical area, or, at least, not in the corpus striatum? To this I would answer that, notwithstanding the ingenious, and for the most part correct, conclusions from physiological studies upon the localization of function, which have established the truth of the observation that a certain portion of the surface of the brain presides over the movements of a particular part of the body, still, clinically speaking, we are obliged to admit that we are unable to say, when in hemiplegia the paralysis is much more marked in one member than in another, that the lesion is not a central one—that is to say, one involving the motor ganglia—but purely cortical. This was evident in the case under discussion; which illustrates the fact that central lesions of most marked character may exist, and yet show you a hemiplegia in which the arm palsy is far greater than that of the leg; although from your studies of cerebral localization you would have been prepared to believe that the effusion might be simply cortical, affect-

ing mainly the ascending frontal and ascending parietal convolutions, situated upon the opposite side of the brain from the palsy.

As regards the treatment, I will speak briefly, as you did not see the case. He was cupped, and a few leeches were applied; in other words, blood was drawn from the head, but without effect. When the heart showed signs of failing, he was given hypodermic injections of digitalis, two drops of the fluid extract diluted with water, repeated as often as was thought necessary.

In commenting upon this treatment, I must say that, as a rule, I draw blood, either locally or generally, in cases of cerebral blood effusion, and frequently with good result. But candor compels me also to state that, where the texture of the walls of the arteries is weak, and the effusion is large, very little effect can be looked for from treatment. Where there is atheroma elsewhere in the system, and signs of general decay, you will find that cases of apoplexy so associated soon die, either from exhaustion or from a fresh breakage and extravasation into the brain.

I would also call your attention to the use of digitalis hypodermically, which, if you wish to revive a flagging heart, is well worthy of your consideration. I prefer the fluid extract diluted with water, two drops of the extract being equivalent to about fifteen minims of the tincture. These injections can be repeated as often as necessity exists, or the heart failure appears to indicate.

One point in conclusion. The temperature record was very significant. When admitted he had a low temperature, which was followed, in the course of a day or two, by a decided rise, (101°) showing the existence of irritative fever. This would indicate that the clot, instead of being quietly absorbed, was exciting local irritation that, if continued, might lead to softening or further disorganization, and render the prognosis less favorable.

Case 2.—Effusion into the Left Hemisphere, with Right-sided Hemiplegia and Aphasia.

In connection with the preceding, this case will be of interest, as it shows a peculiar form of cerebral disease.

His name is Henry L., 40 years of age, of Irish birth; is a tavern-keeper, and shares the habits of many of his pursuit; for we learn, from what we are told of him, that he is of intemperate habits. During the last five years, he has been subject to peculiar attacks, in which he suddenly became unconscious, remaining so for several minutes. It is stated that there were no convulsive movements, nor was there frothing at the mouth. Thirteen days before admission, which was on Oct. 27th, 1879, while in apparently good health, he fell to the floor unconscious, remaining so for ten minutes; when he regained his senses he was unable to speak. His wife states that he was paralyzed in the right arm and leg, but that this condition soon improved. His mental condition seemed to be very dull and stupid immediately afterward.

Now, gentlemen, when he was admitted into the hospital the paralysis had disappeared to a great degree, but it was noticed that there was considerable rigidity of the muscles of the right

side of the body. He moved the leg like an artificial one, bringing the heel down stiffly, with the toes elevated; when his arm was lifted up it remained extended for a considerable time, like a wooden doll, or an automaton. The grip of the right hand, however, was still impaired.

As regards sensibility, it was noted that sensibility was impaired all over the body, the right side being apparently more affected than the left. But I must ask you to take this statement with some doubt; for when you come to question the sensibility, you have to deal with the perceptions of the patient, which will be largely influenced by his mental condition. We have already seen that the state of the mind of the patient was not such as to allow us to place much reliance upon his statements as to delicate points, such as the relative sensibility of different parts, requiring nice powers of observation, but we may say, in general terms, that general tactile sensibility was apparently diminished.

All this time his articulation was confused and thickened. He has now improved in his intelligence, and takes cognizance of what goes on around him, and accompanies his attempts at speech by a series of confirmatory nods, which may not be always correctly given. He can now say "yes" quite distinctly, but he gives this reply to every question; in truth, he possesses but this one word in his vocabulary. Once in a while he makes a faint attempt to say "no," but not very clearly, and the "yes" predominates.

He presents a doubtful history of specific disease; and at all events, I do not think that it is directly connected with his present condition.

The urine is slightly acid, sp. gr. 1.010, pale, cloudy, and contains, at times, a small amount of albumen; this, however, must have been due to a temporary condition of the kidneys, as late examinations have not detected any albumen in the urine. To complete the report, we further noticed that the electro-muscular contractility was decidedly impaired on the right side; the right arm did not move as readily as the left, but still it moved. The movements of the tongue were preserved; the contact of the wire brush with the tongue produced evidences of pain and inarticulate grunts of protest, but no words.

We call such a case as this, generically, a case of aphasia. Of course, you must, for the present, accept this as meaning simply that our patient is deprived of the power of speech, while he retains the power of understanding what I say to him, and the ability to move his tongue and lips; please observe that there is no crippling of the muscles of articulation. He is in the condition of a man who says "yes" to everything. Let us now inquire into the pathological cause of his trouble. You have heard the clinical history of the case up to this morning; we will now examine him further. Let us take up the question whether he understands what we say to him, to see whether it is a case of idiocy, or one in which the so-called speech centre is principally the seat of disease. Showing him a watch, and asking him if he knows what it is, he signifies, with some gleam of intelligence in his eye, that he does recognize it, but he cannot say "watch." If I ask him "is it a watch?" he promptly says, yes,

with several affirmative nods. When I ask him "is it a penknife?" he responds more slowly; with a dubious or negative "yes;" on pushing the question, he mumbles what will pass for "no."

As regards his intelligence, you see that it is preserved; it is not from want of intelligence that he does not answer. From a number of observations in the ward, which we have not the time to repeat this morning, we have ascertained that, although his mental grasp of ideas is not keen and active, yet he fully and intelligently comprehends our questions, and will perform complicated movements, like taking off his coat, or putting his handkerchief in his pocket, when requested to do so. It is evident, therefore, that it is not from idiocy that there is deficient power of articulate expression. We have also tried the effects of the battery in arousing him, as it was thought that the man might be in a condition of dementia from chronic alcoholism; further, this form is soon associated with general loss of power in the muscles, is known as "paralytic dementia from alcoholism," and is accompanied by mental dullness, and defects of articulation, rather than aphasia. We have solved the point here by the use of the electric brush, which caused great pain, and free movement of the tongue. To this procedure he strongly objected, but was unable to complain. This electric brush, with a strong current, is also one of the best means of detecting malingering, as it causes severe pain, and involuntary expressions of suffering are forced from the patient. In the present case, although the perception of pain was evident, yet not a word escaped him beyond the inevitable "yes."

We have now established the fact that this is a case in which there is a loss of words, or aphasia; let us now go into the probable cause of the aphasia, to discover its source, or the lesion with which it is connected, and then see what it really indicates. I have already told you that there is a doubtful history of syphilis, but it is so doubtful that we have declined to accept its evidence. There is no history of malarial poisoning, and no history of disease of the heart; this I will proceed to verify by examination. I can find no murmur; there is neither dilatation nor hypertrophy. An inquiry into the state of the kidneys shows that while, occasionally, there is a small amount of albumen, yet it is inconstant. I will report further that the eyes have been examined, and the evidence is negative, at least, we have found no distinct alteration. The ophthalmoscopic examination was made all the easier from the fact that the pupils are constantly dilated.

Having said that this was a case of aphasia, let us test his power to write words. We find that this is absent also, but not from crippling of the arm or hand, as he attempts to write when directed to do so, but only forms an unmeaning scrawl. Here is an additional evidence of the intelligence which he possesses, since he makes the effort to write. We have here, then, a loss of written language as well as of articulate speech; or, if you choose to use the technical terms, of *agraphia*, associated with aphasia. I will now test him still further, to see whether it is only the power of utterance that fails him,

or has he also lost memory of words. I ask him to say "clinic" and "room," but he cannot say them, even after I repeat them. Further, he refuses to signify assent to a wrong word applied to an object. This agrees with the other tests which we have previously made, where we saw that the appreciation of words was not lost; he refused to recognize a "watch" under the name of "penknife." As he is now getting a little fatigued, we must take the result of his previous examinations, which is, that the memory of words may be partially lost, but it is not lost altogether.

Now, this establishes a number of facts about this case, of great interest. We make it out to be a case of aphasia and *agraphia*, with right-sided loss of power. The variety of aphasia where memory of words is lost is called, technically, *amnesia*, or *amnesitic aphasia*; where memory is not impaired, we have what writers simply call *aphemia*, or *ataxic aphasia*; in the latter the power of writing words is generally preserved. I care very little for your remembering these terms, but would simply ask you to note that the memory of words can be impaired, that the power of articulation may be lost, and the ability to write entirely fail, in a single patient, or these symptoms may occur separately in individual cases.

What underlies this condition? What is the lesion, and where is the lesion? I suppose that any one of you could tell me off-hand, from your physiological studies, that the special centre for speech is located in the left frontal convolutions, and especially in the inferior convolution, which, in honor of its discoverer, has been called Broca's region, for to the labors of Professor Broca are we indebted for the most of our knowledge upon this subject. This area especially presides over articulate language, and as the rule, we may say, given a lesion here, and we have resulting loss of speech. We, therefore, locate the injury, in the present case, in, or in the neighborhood of, the left inferior frontal convolution.

Now we come to another question: with what is the aphasia here connected? What is the exact lesion in this part of the brain which has given rise to the aphasic condition? About this we cannot be quite so certain as about the site of the lesion. Any destructive lesion whatever would give the same symptom. But I do not think that it is beyond the power of diagnosis to establish the exact cause of the lesion. Look at it. The attack came on suddenly, following spells of disturbed sensibility for several years. Notwithstanding this history, the attack was a sudden one. What are the causes of sudden attacks of hemiplegia? (1.) An extravasation of blood from rupture of a blood vessel, an *apoplectic effusion*; (2.) A plug washed into the brain in the arteries, an *embolism*; (3.) A sudden local clotting in vessels of the brain, without being carried there by the current, a *thrombosis*.

Now, gentlemen, the latter supposition I dismiss, because it is extremely rare, and because when it happens it is associated at the time with a very different clinical history. We must, therefore, look to the other two conditions which remain for us to discuss, to explain the cause of

the malady. If you ask which of these two I think it is, I reply, an apoplectic clot, coming from a rupture of degenerate vessels; a very small clot, limited to the region of the speech centre, by no means as large as in the preceding case. I take this view because we had here a case of sudden marked unconsciousness, with evanescent right-sided hemiplegia, accompanying the aphasia; and because I have no signs of disease of the heart which would favor the idea of embolism; the sudden attack, without cardiac disease, would incline me to the idea of apoplectic effusion rather than embolism.

But is this all? No. A clot may be followed by local softening, and such is probably the condition here. If, as we believe, the clot has now been largely absorbed, we would not have had this persistent impairment of intelligence and loss of speech, had not some such change occurred.

Therefore, to sum up the diagnosis, the case is one of lesion in the left inferior frontal convolution (Broca's speech centre), and the ascending convolution in front of the fissure of Roland (Hitzig & Ferrier's motor centre for the arm), caused by a clot, with subsequent softening.

There only remains one point for consideration, the right-sided hemiplegia. You will ask me, "Is right-sided disturbance common in these cases of aphasia; in cases where a lesion exists in the left frontal convolutions, in Broca's region?" I answer, "Yes, most usual; the exceptions are very few." There is, finally, in this patient a peculiarity about the loss of power to which I must call your attention. He had, at first, complete hemiplegia, which then nearly disappeared, though not entirely, for the grasp is not entirely recovered. It has been followed by a certain amount of spastic contraction, or rigidity of the muscles. The forearm and arm are moved mechanically, like an articulated doll; the same is seen in the leg, but to a less extent. This is now less distinct than when examined in the ward; the arm was then held almost indefinitely, like a cataleptic, in the position in which it was placed, or like an automaton, or painter's model. I mention this because it is a little different from ordinary hemiplegia, and indicates an irritative lesion in the brain. When you have marked rigidity coming on after paralysis caused by clot, as Todd long ago taught us, it is apt to indicate a progressive irritative lesion in the brain or nervous centre.

The possible influence of chronic alcoholism in bringing on a degenerated condition of the vessels of the brain is familiar to you all; but to show you that this is not a case of alcoholic dementia, I will read you the notes of another case in the wards, which was before you on a previous occasion.

Dementia following Alcoholism.

James R., forty-eight years of age, who had been a drinking man for many years, often to excess, was admitted into the wards October 10th, 1879. He has had several attacks of delirium tremens, but continued his intemperate habits. Eighteen months before admission he commenced to suffer with pains in the head and along his spine, which sometimes were intense.

He has lost flesh and strength, until he had become almost helpless. It was reported that for four weeks before admission he had been quite demented and gradually lost his power of speech and of hearing. When stood upon his feet he would stagger backward and fall, if not supported. He never had been subject to epileptic attacks.

When we examined him we found that he gave only unintelligible replies to questions, and seemed to be insane; his eyes were staring, but pupils were not dilated. He often muttered incoherently, and sometimes had active delirium, requiring him to be strapped in bed. He was very noisy at night, shouting and singing. He ate his food, and did not vomit. Tongue heavily coated, but not dry, epithelial coat yellowish. Bowels constipated, requiring enemata. The urine was passed in bed; obtaining a little for examination, it was found to obtain an excess of phosphates, but no albumen nor sugar.

Not to detain you with this case, in which the heart and other organs of the body were reported to be normal, and the electro-muscular contractility good, I would merely report that, under the use of bromide and iodide of potassium, with good food, he has improved very greatly, so that he appears quiet and almost rational during the day, but is still very noisy and restless at night. I have merely stopped to read you these notes in order to point out the chief symptoms present in a case of alcoholic dementia, in order to contrast it with the case of aphasia before us.

The questions of prognosis and treatment in the patient with aphasia remain to be considered.

The prognosis is not good. If our diagnosis be correct, as I think it is, that there is a clot with subsequent softening in the left anterior lobe, the clot will be absorbed, but the softening will remain—we cannot hope for much. Although I have occasionally seen cases recover, and eventually regain their speech, I fear this will not be the case here. The prognosis, then, is not favorable, certainly not for a complete recovery.

In reference to the treatment, as we think that there exists consecutive softening, we can only hope for good results from remedies that improve the general nutrition. With this view he has been taking, for some time, cod-liver oil and iron preparations, with a good diet. Undoubtedly this will improve the nutrition, and perhaps some advantage may be accomplished. With the view of its special action upon the nutrition of the nervous system, I will now order him the hypophosphites of lime, iron, soda and potassa, in the form of the compound syrup of the hypophosphites, two drachms of which shall be given three times a day. The cod-liver oil is to be continued in doses of half an ounce after meals, in order to improve the general nutrition. We will also use the Faradic current to the paralyzed muscles, and also to the tongue. You may inquire why we should stimulate the muscles of the tongue, since it is not there where the difficulty originates, but I hope that by exciting the peripheral extremities of the nerves we may increase the activity of the nerve-centres. It has been recommended to attempt the same thing by applying the galvanic electrodes di-

rectly to the skull, over the motor centres, but thus far without any marked success.

Gentlemen, I have presented these two cases of apoplexy with hemiplegia in order to impress upon you the pathology of cerebral effusion; and have contrasted the symptoms presented by the patient with aphasia with those of true alcoholic dementia, as exhibited by a third patient, whom you saw at a former clinic, so as to place in your possession the chief points of differential diagnosis. If these characters have been made clear to you, the hour will have been spent to a good purpose.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD CO., MD.

Reported for the MEDICAL AND SURGICAL REPORTER.

Pursuant to adjournment, the regular meeting of the Harford County Medical Society was held at the Masonic Hall, Havre de Grace, on Tuesday, November 11th, 1879.

The President, Dr. John H. Cochran, the Vice President, Dr. Wm. P. Taylor, the Treasurer, Dr. R. D. Lee, the Secretary, Dr. W. Stump Forwood, and a respectable number of members, were present. There were also present, as visitors, Dr. Alex. Craig, of Columbia, Pa., and Dr. Ed. P. Dallam, of Harford County.

After concluding the usual routine business, Dr. R. D. Lee, the lecturer for the day, proceeded to deliver his remarks upon the subject of "Venereal Diseases." The substance of the lecture, as stated by the Doctor, was based chiefly upon notes taken by an American student of his acquaintance, from the clinical lectures of the great venereal surgeon, Ricord, of Paris.

The transmissibility of the lues venerea from parent to offspring, through several generations, presenting itself often in remote generations, under forms of different names, such as scrofula, phthisis, dropsy, cutaneous diseases, epilepsy, mania, blindness, deafness, paralysis, etc., etc., was largely dwelt upon by the lecturer. One generation, he asserted, may apparently entirely escape the poison in any recognizable form, while the next will present unmistakable evidences of the hereditary taint.

The two forms of syphilis, the hard or Hunterian chancre, and the soft and comparatively innocuous chancre, were generally recognized and accepted by the best authorities of the present day.

As regards the treatment, but little diversity of opinion exists; the long continued use of one of the mercurial preparations—some practitioners preferring one and some another—and the iodide of potassium, were the recognized remedies; the mercurials in the early stages, and the potassium in the secondary and tertiary forms.

In respect to the Hunterian chancre, from which so many of the evils which afflict mankind flow, and the consequences of which are so much to be dreaded, the long-continued mercurial treatment is the only remedy on which any reliance can be placed for a permanent cure—if it be possible ever to cure this dreadful malady. The

treatment must be continued, said the lecturer, long after every vestige of the disease has disappeared.

Dr. Lee's lecture, which was replete with interest and practical suggestions, was accepted by the members of the Society present as being a very clear and able presentation of the subject, as well as a good expression of the modern thought, as entertained by the best authorities of the day.

At the request of the President, several of the gentlemen present gave some expression to their views upon the subject of the lecture.

Dr. Virdin quoted Dr. Christopher Johnston, of Baltimore, as authority for the theory of the general, nay, the universal contamination of the human family with the syphilitic poison, in some or other of its manifold forms or degrees. Dr. Johnston holds, as stated by Dr. Virdin, that syphilis, in its primary form, does not now prevail to nearly the same extent that it did twenty or more years ago; and the reason he assigns for the comparative rarity of, or immunity from, the disease in this form, is that mankind has become thoroughly inoculated. In other words, Dr. Johnston contends that the human family has become syphilized by inheritance, and hence enjoy comparative immunity from the disease in its primary form.

This is a startling and fearful doctrine.

Dr. Virdin further stated that, on the other hand, Dr. Keys, of New York, who was, perhaps, quite as good authority upon this subject as Dr. Johnston, contended that syphilis could be cured by perseverance in a long course—two or three years—of mercurial treatment, and by the use of the iodide of potassium.

Dr. Virdin asserted that the old theory with regard to the injurious and debilitating effects of mercury upon the human system was not founded in fact. His own experience, as well as that of many other observers, had shown that the daily and long-continued use of mercury, as prescribed in syphilitic diseases, was not incompatible with the healthy nutrition of the system. He had treated such patients—has one in charge at the present time—who have gained in weight, to the extent of several pounds, after the regular daily use of mercury for several months.

Dr. Silver expressed surprise and indignation at the theory of Dr. Johnston, who contends that syphilis is never cured. He said that it appeared to him that some physicians, in striving after notoriety, were willing to announce startling theories that they really had no faith in themselves. They simply took a sort of pride and pleasure in making statements to astonish the world. He had no personal reference to Dr. Johnston, for he was not sufficiently acquainted with him to make any application of his remark. Dr. Silver continued, that he could not accept nor entertain for a moment any such idea. He stated that he had been connected with the medical profession nearly forty years, and that he could recall cases of syphilis which he had treated early in his career, in individuals who were still alive to testify that syphilis was a curable disease; that no sign of its return, or of its continued existence, had ever been manifested in their cases. He could not accept any such

doctrine; it was as abhorrent to his feelings as it was improbable in fact.

Dr. W. W. Hopkins, and also Dr. Wm. J. Evans, made some remarks concerning the curability of the "disorder" in question, and both inclined to the view taken by Dr. Silver, viz:—that syphilis could be cured.

Dr. Smith said that it had been his privilege to listen to Dr. Johnston's lectures while a student, and he believed that Dr. Virdin had quoted his views upon syphilis quite correctly.

Dr. Taylor was satisfied in his own mind that syphilis was a curable disease, and quoted some illustrative cases.

Dr. Whiteford, without fully concurring in the general contamination theory or doctrine, was still inclined to the belief that such a condition, through repeated poisonings, might become permanently hereditary, as repeated vaccinations gave protection against smallpox.

The President then requested Dr. Craig, a visiting friend from Columbia, Pa., to state his views upon the subject before the Society. Dr. Craig said that he experienced some diffidence in assuming to enlighten the Society; that he was present for the sole purpose of drinking at the fountain whose waters of wisdom was supplied by others, and not with the expectation of being called upon for the contribution of any part himself. He would say, however, that many of the leading workers in the medical profession, at the present day, were leaning to the general-contamination theory. He had treated a great many cases of syphilis, and was convinced that the cases of Hunterian chancre required a very lengthy course of treatment, much longer than was formerly thought to be necessary, for the eradication of the disease. He was in the habit of using one of the iodides of mercury in the disease. Large doses of the iodide of potassium were usually very effectual in the secondary and tertiary stages; but, in his experience, he rarely found patients with stomachs sufficiently strong to bear doses large enough to accomplish the result. With the increase of his years, and the increase of his observations, he was daily becoming more and more convinced that the results of syphilis were far-reaching, and were being more generally manifested in some or other of its multi-form characters, and he felt satisfied that many of the diseases met with in daily practice, and known to the profession and to the public as scrofula, or scrofula, were simply so called as a polite name, in society, for syphilis. He had no doubt upon this point, and every practitioner could recall cases of the kind.

Dr. Craig cited a case, the facts of which were well established, in which a patient had been apparently cured of primary syphilis, at the age of thirty-five years. The disease remained dormant, without affording the slightest manifestation of its existence until the individual reached the age of seventy-two, when unmistakable tertiary syphilis became thoroughly developed.

In this case, as in the others, had the patient died before the invasion or development of the tertiary symptoms, or before he had reached the age of seventy-two, leaving children begotten subsequently to the primary affection, they would undoubtedly have inherited the disease in some

form, known as scrofula, phthisis, or other constitutional disease, the origin of which, in that case, would have remained forever in obscurity. This example may be accepted as an illustration of thousands of others in which the sources of disease cannot be traced.

At the conclusion of the remarks upon Dr. Lee's lecture on "Venereal Diseases," Dr. Lee expressed himself as being highly gratified with the range of the discussion which his paper had brought forth. He also stated that he had been instructed by the various suggestions presented, and felt more than repaid for the time and labor expended in the preparation of his paper.

Dr. D. Preston Wysong next presented the following interesting clinical history of a surgical case which occurred in his practice in August last: he said, "I have to present to your attention a brief history of the case of Charles Cain, the young man who was badly cut up by a drunken companion on the night of August 2d, 1879, a notice of which appeared at the time in the county newspapers.

"When called to visit him, we found him lying by the road side, near St. Ignatius' Church. Upon examination it was discovered that he was in a state of collapse, from loss of blood; the hemorrhage proceeding from five incised wounds. The first of these to which my attention was directed was one penetrating the cavity of the thorax. Commencing below the first rib, and passing over the second, the knife entered the chest wall between the second and third ribs, through into the lung tissue. From this wound all hemorrhage had ceased, except an occasional issue of frothy, arterial blood.

"I immediately proceeded to close the wound, taking care to leave sufficient space between each stitch for the escape of effused blood. I then applied a broad bandage around the whole chest, to lessen its expansive and contractive action. By the judicious use of stimulants, applied over the body, and administered internally, reaction was, in a considerable degree, established. I then had the patient conveyed to his home, a distance of about one mile, after which I dressed the wound upon his arm, which commenced at or near the axilla and terminated at the inner condyle of the humerus. The third troublesome cut commenced over one of the dorsal vertebrae, and ran a distance of about six inches obliquely across the trapezius and latissimus muscles. The remaining wounds were of minor importance. The whole were dressed with glycerine and carbolic acid, applied on lint.

"At this juncture, my friend and preceptor, Dr. R. D. Lee, was called in consultation, when our plan of treatment was agreed upon.

"By careful dieting, with an occasional opiate to relieve the pain and produce sleep, and by the use of gentle laxatives to unload the alimentary canal, convalescence was immediately entered upon, and the patient began to improve, without the slightest evidence of inflammatory trouble until the 16th or 17th day, when I noticed a rapid increase in the number of cardiac pulsations, which led me to suspect the beginning of some internal trouble. After a few days this suspicion became confirmed. A round or oval protuberance ap-

peared above the wound in the chest, which at this time had become nearly cicatrized. It continued to increase in size, and when it reached the dimensions of a common hen's egg, and was in a fluctuating state, we concluded to open it. An incision was made in the most dependent part of the tumor, and was followed by the escape of bloody serum instead of *pus*, as we expected. After considerable discharge we proceeded to close the aperture made by the knife, and await further developments. Within a week or ten days thereafter, the abscess, if we may so call it, commenced to discharge, and the patient lost from half a gallon to a gallon of blood. We directed our attention to this alarming flow of blood, which the patient was now losing through the wound and by the mouth. Our efforts in this direction were successful, through the use of plumbi acetate, for immediate effect, and equal parts of the fluid extract of ergot and the tincture of hyoscyamus, as internal anti-hemorrhagics, with the persulphate of iron as a local styptic. The patient rallied, though there was no diminution in the size of the abscess, which, within a week, began to discharge again, with the loss of about the same amount of blood as before. By this hemorrhage the abscess was entirely evacuated; and now a most remarkable and interesting state of affairs was presented. It was now discovered that a large portion of the lung tissue had been destroyed by gangrene, and the aorta was fully exposed to sight, to the extent of two inches, and its pulsations could be distinctly seen. A small bronchial tube communicated with the external opening, from which air was constantly making its exit. Adhesions had formed between the two pleural surfaces, producing a closed sac, which fortunately prevented, previous to its evacuation, the contents from gravitating to and pointing at the base of the lung.

"At the present time (November) the cavity, which at one time was as large as a *man's fist*, is entirely filled up, and the patient's complete recovery is now anticipated."

Remarks on Veterinary Medicine.

Dr. W. Stump Forwood then read the following paper on Veterinary Medicine:—

GENTLEMEN—The few remarks that we delivered before this Society one year ago, upon the resolutions we then offered regarding veterinary medicine, although very briefly and very imperfectly reported, nevertheless attracted unexpected attention from parties specially interested in the various domestic animals, from students, or young men contemplating the study of the diseases of the inferior animals, and from a leading veterinary college—the Columbia College, of New York. We received several letters on the subject from different sections of the country—chiefly letters of inquiry as to student-ship, and as to the best institutions for obtaining a veterinary education.

This interest, excited by so few remarks, shows that the subject is one that the public is now beginning to regard with sentiments of serious consideration. The time has passed when the obloquy and ridicule brought upon the title of "*horse doctor*" by ignorant pretenders can

continue to keep aloof the intelligent seekers after truth from the wide and unexplored domain of veterinary medicine. The whole subject has hitherto been brought in disrepute by the gross and criminal ignorance of those who professed its practice, and who have inflicted incalculable injury and suffering upon the helpless dumb brutes that they pretended to relieve.

The day and the hour is at hand when this midnight darkness, which in past ages has wrapped in gloom the diseases of the lower animals, must be dispelled, and those diseases be brought within the light of day. The moneyed interest that men now hold in animals, throughout the world, is almost beyond computation; and money, the great mainspring that moves the affairs of men, will now be brought to bear for the preservation of the health and lives of our animal wealth. The people—and all are interested in some degree, each possessing a dog, or a pig, if nothing else—now demand educated veterinarians. They see no reason why the same amount of ability and of study should not be applied to the detection and cure of diseases of domestic animals as that now devoted, by such a vast army of disciples, to the diseases of the human family. The presumption is that the opprobrium before mentioned as being cast upon the profession by the ignorant has been the chief cause in deterring young men of good talents from entering this field—a field yielding an abundant harvest, and yet with few reapers to secure its golden grain.

We are indebted to the Hon. John Carroll Walsh, of this county, a gentleman well known throughout the State, and who is himself a highly successful breeder of fine stock, for several copies of papers containing articles by different writers on the subject of veterinary medicine. We particularly refer to one paper furnished us by Col. Walsh—*The Turf, Field and Farm*—published in New York. The number for September 5, 1879, contains a very able and exhaustive essay, which was read before the New England Agricultural Society, Worcester, Mass., by F. S. Billings, M.V., of Boston—the first American graduate of the Royal Veterinary Institute of Berlin, Prussia.

Dr. Billings has certainly entered deeply into the research of the early literature relating to the subject of veterinary medicine and surgery; which shows remarkable talent in that direction, and commendable industry on his part. He makes Scriptural references, and states that "the Books of Moses tell the students of the Bible of the numerous animal plagues with which Jehovah punished the Egyptians;" and adds, "These laws warrant us in assuming that the Jewish priests of those early days were well acquainted with the lesions which disease made on animal organisms."

He also affirms that *Æsculapius* is said to have treated diseased animals as well as man. Dr. Billings adds that "Hippocrates, who lived 460–377 B.C., the father of medicine, and the compiler of all the knowledge upon this subject up to his time, has left records of no mean degree of knowledge of the diseases of domestic animals."

"Aristotle, 384–322 B.C.," continues our author, "the mightiest intellect which graced the

earth from history's beginning until long after the Reformation, and whose work will ever remain a wonder of human achievement, has given us wonderful records of comparative anatomy, and mentions some diseases of the animal world."

Dr. B., in this connection, also mentions the names of those great lights of antiquity in the early history of medicine, Celsus, Galenus, and other Roman medical men; he quotes from the "Georgics" of Virgil; refers to the writings of Cato, Varo, Columella and Vegetius; and adds that "It is in the writings of these authors that we find the words 'veterinarins' and 'veterinaria' first appearing, indicating the Latin origin of our words 'veterinary' and 'veterinarian.'"

The object of Dr. Billings' very able and highly interesting essay is to advocate a "national veterinary police code, with State execution of the laws." Also, he recommends the establishment of a National Veterinary Institute, endowed by and under the control of the government of the United States, with certain limitations to free it from the baneful influence of politics.

The National Police Code looks to the appointment of a National Veterinary Inspector General, "as an incitor and general watchman for the whole country," and also for State Inspector Generals.

Dr. Billings has evidently devoted much time and educated consideration to the details of the practical operations of the National Veterinary Institute, and of the National Veterinary Police Code, as you may judge when we state that his essay occupies nearly ten columns of closely printed matter in the *Turf, Field and Farm*, a paper of considerable size. You will, therefore, understand that, in the brief time and space now at our disposal, we cannot reproduce the merest outline of this essay. The paper is a very able one, as stated before, and should be studied in detail by all interested. The Doctor proposes to contribute liberally, out of his own private means, toward the execution of his plans. We trust that this introduction to it will be productive of good results.

The subject is one that cannot be kept in abeyance much longer. Within a few years veterinary medicine will loom up in its broad proportions, and astonish mankind that the world should have existed so long without it. When we are told from actual statistics how many millions of dollars worth of our domestic animals, in the United States, annually die from absolutely preventable diseases, as well as from those that are curable, the thought should not only occasion surprise and alarm, but should awaken each of us to a sense of responsibility and feeling of criminal neglect. Veterinary medicine and surgery now presents the largest and most profitable field of all the various departments of knowledge for the labors of young men of ability and energy; and now is the time to enter it. The early gleaners will reap the richest reward.

It is highly important that the veterinary profession yet to be developed should have a proper foundation for its future superstructure,

and in obtaining this solid basis much more will depend upon the friendly influences and aid of the medical profession than upon any other class. It is our duty to extend the helping hand to our associates in comparative pathology. The same qualities that combine to make a good physician in the human family are all needed for the physician who devotes his exclusive attention to the diseases of the inferior animals. And in so far as the respectability of the two professions (if they can be separated at all) is concerned, we are unable to make any distinction whatever. The respectability of all professions or callings depends entirely upon the character, standing and education of those who practice or follow them. The veterinarian should have the same preliminary education and the same natural abilities that are required to make a good, kind-hearted, and conscientious physician among men. The medical profession proper is now overrun with a very inferior grade of practitioners. The ancient boundaries which formerly hedged in the profession from the intrusion of unqualified and incapable aspirants, by its requirements for a very thorough education, high moral qualities, and quite a considerable monied investment, have, within the last half century, been almost wholly removed, as regards some of the medical schools, at least. Almost any young man, we grieve to say, can now obtain a medical diploma at some of the colleges, without education, without moral character, and without money—"sans everything!" This is a lamentable fact, but still it is a fact. It is to be hoped that higher qualifications will, in the future, be required.

Since our remarks upon the importance of inducing young men to devote their attention to the study and practice of veterinary medicine, delivered before this Society one year ago, and briefly published in the *Philadelphia Medical and Surgical Reporter*, the very best weekly medical journal that we have any knowledge of—especially valuable to the country practitioner—a very excellent editorial has appeared in that journal, August 9, 1879, entitled, "Veterinary Medicine as a Career for Young Men." This editorial was based, as is stated by its writer, on a pamphlet, entitled "An Appeal to the Citizens of Pennsylvania for the Foundation of a Veterinary Department in the University of Pennsylvania."

We have not seen the "Appeal" itself, but will proceed to give some of the editor's remarks based upon it. The writer begins by stating, "This appeal is timely, able, and ought to be promptly successful. It sets forth in strong, almost startling, language the necessity for an improved condition of veterinary science in the United States, on grounds at once humanitarian and economical; and also the advantage to the young men of this country in thus opening to them a career new, beneficent and profitable."

The writer then proceeds to state that "In 1870 the money value of the live stock of the United States was appraised at a little less than \$2,000,000,000, two thousand millions of dollars. The most experienced stock owners estimate the loss annually, from preventable and curable diseases, at from 2 to 7 per cent.; in other words, at from forty million to two hundred and forty million dollars every year."

This is truly a stupendous loss to contemplate; and is especially startling from the fact that it all results from preventable and from curable diseases.

The author continues, "Hog cholera alone, a distinctly preventable disease, taxes the Mississippi Valley at from \$20,000,000 to \$40,000,000 almost every year. The loss in the single State of New York, from epidemic abortion in cows, has reached as high as \$10,000,000 in a single year. The epizooty in horses, in each of its several visits to the United States, has been estimated to have reduced the national wealth over \$50,000,000. The immense interests involved in our shipments of live horses, cattle and sheep to Europe, stand in hourly peril of destruction, from the dread of European powers at having epidemic diseases introduced there. These are but a small part of the facts and figures which the 'Appeal' before us marshals to prove the urgent call for immediate and thorough instruction in veterinary science in this country."

In the second place, the writer refers to the humanitarian aspect of the subject, remarking, "The prevention of suffering in the lower animals, as a principle of morals, is a glorious development of modern civilization; it broadens sympathy to all who can feel; it extends charity to the alleviation of every form of suffering; and it does so, not out of superstition, but from a growth of purely ethical considerations. Hence it is that the societies for the prevention of cruelty to animals have taken an active participation in the furtherance of the study of veterinary medicine."

Further on the writer adds: "The 'Appeal' most justly stigmatizes the sort of contempt with which the profession of veterinary science is regarded in the United States. It reminds the reader that in Europe the educated veterinarian is respected and recognized as a man of science; that men of position and of liberal culture, graduates of the most famous universities, have taken it up as their life work, and have shown it to be as dignified, useful and noble as any profession whatever—as any department of business. Hence it is that the appeal is made to young men of good preliminary education and prospects, to qualify themselves in veterinary medicine, rather than to enter the overcrowded, underpaid, uncertain business of the ordinary M.D. More certain pecuniary returns await them, and a greater probability of fame and fortune. Just now this advice is golden. It requires no prophet to predict that in another score of years thousands will be turning their attention to veterinary studies; while now the field is wide and the laborers few, competition is almost unknown, and all the honors are open to the earliest aspirants."

The views here expressed are identical with those that we have entertained and advocated in general conversation during several past years; and it is a subject for rejoicing that the prospects are now so favorable for their early fruition.

Our author adds, in conclusion: "It will not be long before the American public awakes to the need of veterinarians of the very highest education. Who will be the first to secure the honors and emoluments of this new opening for young men?"

We have not learned whether or not the University of Pennsylvania intends to add a veterinary department to its other branches of instruction. It would appear fitting to an eminent degree that this ancient and dignified institution of learning, especially in its medical department, should take the initiative in the establishment of veterinary science in America upon a solid and secure foundation, as it did in first founding medical teaching in the New World. Its honorable and independent position—honorable, from its high-toned record of more than a century of existence, and independent, from large endowments from the State, and from the benevolence of private individuals—would appear to render it best adapted for founding veterinary science upon a secure basis in America, and at the same time secure for it the absolutely honorable status that its inherent character and public necessity clearly entitles it to.

At the conclusion of Dr. Forwood's remarks, Dr. Lee stated that it was a well known fact in history that the great Napoleon paid his veterinary surgeons exactly the same fees, and treated them with the same consideration and respect, socially, as he paid and treated the surgeons who attended his soldiers.

Dr. Lee also remarked, as a single illustration out of many that he might recall, that his attention was not long since incidentally drawn to a suffering horse, an exceedingly valuable animal, which was being heroically treated by persons entirely incompetent and ignorant of the nature of the case, and in such a violent manner as would undoubtedly have caused the death of the dumb patient in a very short time. The Doctor's knowledge of human medical practice enabled him to make a suggestion to the parties in charge which speedily relieved the suffering and saved the life of the noble animal.

Dr. Silver added that veterinary medicine and surgery did not receive the attention which its merits entitled it to, and suggested that we physicians should lend our aid to the suffering animals, whenever possible, until the field becomes properly supplied with educated veterinarians.

Several members of the Society present expressed interest in the subject, and hoped that "Dr. Forwood's valuable paper would not be permitted to slumber here, but that it should be brought out before the general public."

It was then unanimously recommended that the paper be offered to the Philadelphia MEDICAL AND SURGICAL REPORTER, and to the Baltimore *Maryland Medical Journal*, for publication.

The following named delegates were elected to represent the Society in the American Medical Association, at its next meeting: Drs. R. D. Lee, H. Clay Whiteford, and W. Stump Forwood. Delegates to the State Medical Society: Drs. W. W. Virdin, W. W. Hopkins, and H. B. Martin.

Before adjourning, Dr. Alex. Craig, of Columbia, Pa., extended a cordial invitation to the Society, to attend the next meeting of the "Mc-Call's Ferry Medical Association," which meets in the latter part of August next, at the city of Lancaster. This Association, of which Dr. Craig was the President last year, and the eminent Dr. John L. Atlee is the president this

year, is entirely social in its character, as was explained by Dr. Craig. It is a meeting to which every medical man is expected to take his wife, or a lady friend. It is a day for relaxation and recreation, spent pleasantly together with physicians from different counties in Pennsylvania and the adjoining counties of Maryland; not for the discussion of professional subjects, but for forming more intimate social relations between physicians who might otherwise never meet, at least, not meet upon such common, independent, and exceedingly pleasant and social ground.

At the conclusion of Dr. Craig's kind invitation, Dr. Forwood stated that it had been his privilege to be present at the last meeting of the "McCall's Ferry Association," which was held

at McCall's Ferry, and that he had there passed one of the most delightful days of his professional life. The "Association" had also honored him by placing him upon one of its most important committees. He could assure the Society that all who shall attend the next meeting, at Lancaster, next year, will return feeling fully compensated for the day thus spent.

The President announced Phthisis as the subject to be discussed at the next meeting, and appointed Dr. Virdin as the lecturer for the presentation of the subject.

The Society then adjourned, to hold a special meeting in Bel Air, as per agreement, on the second Tuesday in January.

W. STUMP FORWOOD, *Secretary*.

EDITORIAL DEPARTMENT.

PERISCOPE.

Coto Bark in the Diarrhœa of Phthisis.

Dr. J. Burney Yeo has found coto bark of great efficacy in the graver forms of the diarrhœa of phthisis (*Practitioner*, October, 1879). He says—

I have given it in many cases of apparently uncontrollable diarrhœa, that is to say, cases of diarrhœa which were not controlled by the ordinary remedies, such, for example, as opium, bismuth, tannin, ipecacuanha, etc., and I have found it almost invariably have the effect of arresting the intestinal flux, and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and on inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it, blended with the *mistura cretæ* of the *Pharmacopœia*. It is deserving of notice, that when given in both these forms it appears inert; and one might have been induced to hastily discard it as a drug without remedial value. This is probably the fate of many valuable medicines which appear to fail; not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element, which was precipitated in tough masses when the extract was carelessly mixed with water, I had the following mixture carefully prepared:—

R. Fluid extract coto, ℥℥
Comp. tinct. cardamoms, ℥℥.

Mix these together and triturate them slowly with mucilage of acacia, 3 ij, and simple syrup, 3 ij. Finally add water to 3 vj.

A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not un-

pleasantly warm and aromatic taste. I have usually found two or three doses of this mixture arrest or check the severest forms of phthisical diarrhœa.

The bark is imported from Bolivia, in South America, and the preparation I have used is the fluid extract. The dose is from 5 to 8 minims. An alkaloid *cotoïn* has been prepared from the bark, and is reported to have the same valuable properties as the extract of the bark itself, but of that I have no personal knowledge.

The Treatment of Hemorrhoids.

In the *Practitioner*, October, Dr. D. Young, of Florence, speaks favorably of the steady administration of glycerine for hemorrhoids. He adds—

I would call attention to aloes as an aperient in these cases. Out of between thirty and forty cases treated as above, and as many more treated for constipation alone, I have only found one in which aloes seemed to increase the hemorrhoidal trouble. When it is combined with belladonna and quinine, or belladonna and nux vomica, it rarely, as far as my experience goes, causes any trouble in the rectum.

I would only further suggest that much may be done preventively in these cases, and nothing is more useful in this direction than the free use of cold water immediately after each action of the bowels. When the hemorrhoids are inflamed warm water is generally more agreeable and soothing, but when they are in a chronic state—giving little or no trouble—the free use of cold water, in the manner presently to be described, will not only be a source of much comfort, but greatly lessen the frequency of the attacks. Not only is there a great deal of neglect in the matter of personal cleanliness, in the present day—at least as far as the bowel is concerned—but many to whom this charge would not apply, equally fail, from want of proper knowledge as to the manner in which the lower bowel ought to be bathed. When the question is put, "Do you carefully attend to bathing the rectum every

day?" the answer invariably given is "Yes;" but when you inquire more particularly, you find that it is done during the ordinary bath, before the bowels have been relieved, or at some other time, having no relation to the hour of defecation. This is where the mistake lies. The moment when the application of a cold sponge to the bowel is of so much value in preventing the formation of piles and in giving relief when they are present, is just the moment *after* the motion has passed. At the instant of the passing of the motion a partial eversion of the lower bowel takes place, and any hemorrhoids which may be lying on its surface come down with it. If paper is used, as is so universally done, in order to cleanse this portion of the rectum, the sensitive mucous lining shrinks from the rough touch of the paper, and the everted portion returns to its place only partially cleansed, and having adhering to its surface particles of fecal matter, which keep up a constant irritation, giving rise to great discomfort, even when no hemorrhoids exist.

In cases of hemorrhoids, fistulæ and ulceration, when I have had occasion to examine the rectum just after a motion had been passed, I have been greatly struck by the amount of fecal matter which was found covering the surface of the sphincters; sometimes completely obscuring a tender ulcer or other abraded part, affording a ready explanation why rectal sores are so intractable in the hands both of the physician and surgeon. I invariably prohibit the use of everything but the wet sponge. If the patient is very sensitive the application of cold water to the lower end of the bowel will sometimes cause colicky pains in the abdomen, in which case I advise tepid water, at least to begin with. All that is necessary is a little vessel about the size of a tumbler, having a lid which fits tightly, and a bit of sponge. The vessel, filled with water, is taken into the closet, and the soaking sponge freely used the moment the motion has passed. Instead of the mucous membrane shrinking from contact with the wet sponge, it appears rather to be soothed by it, and therefore the everted portion of the rectum is thoroughly cleansed before it returns within the bowel. Many have objected to this simple plan that it is troublesome and difficult to manage; but of all those who have adopted it not one but has given the same testimony, viz., that of the great benefits which they have derived from it.

Supraorbital Neuralgia Cured by Nerve Stretching.

Dr. Kocher relates, in the *Correspondenzblatt für Schweizer Aerzte*, November 11th, 1879, the case of a man, aged 32, who had for seventeen years suffered from neuralgia of the right supraorbital nerve. The attacks, at first rare, afterward became more frequent, until at last there were only brief intervals of freedom from pain. All the ordinary therapeutic measures had been tried for years without success. Dr. Kocher laid bare the nerve and three of its branches, by an incision along the upper border of the orbit, and stretched it forcibly by means of an aneurism-needle passed under it. The healing of the wound was attended with abundant suppuration. From

the moment of the operation the patient was free from pain, and the neighborhood of the supraorbital nerve was anæsthetic. The patient was last seen three months after the operation; he had had no return of the pain; sensation was diminished over a space ten centimetres in extent, but was otherwise perfectly restored. After neurectomy, paroxysms of pain are usually observed during the first few days after the operation. As these were absent in the present case, Dr. Kocher concludes that the lesion of the nerve is less when the nerve is stretched than when it is divided. The value of nerve stretching as a substitute for excision will be greater in neuralgia of the second and third divisions of the fifth nerve, as here a much smaller wound will suffice.

Masturbation as a Cause of Insanity.

At the close of a discussion of this subject, in the *Journal of Mental and Nervous Disease*, October, Dr. Hagenbach makes the following deductions:—

1. That masturbation is an exciting cause of insanity.
2. That in a small percentage certain physical conditions are present, due to the vice, and may prove valuable aids in confirming a diagnosis.
3. That the general health of insane masturbators is always impaired.
4. That the diagnosis in the first stage usually is difficult, and comparatively easy in the second stage.
5. That the prognosis is always unfavorable, unless the practice is discontinued.
6. That daily exercise, carried to fatigue, is an important element in the successful treatment of these undoers.
7. That they are not benefited by removal to an asylum, if allowed to spend their time in idleness.
8. That certain medicines, by improving the general health and removing sexual desire, prove successful in some cases.
9. That cauterization of the prepuce, and physical restraints, as a rule, are impracticable or useless.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The report of the Adams County Medical Society, prepared by Dr. J. W. C. O'Neal, gives a variety of matter of local interest.

—The *Proceedings* of the Philadelphia County Medical Society for 1878 and 1879 appear in a reprint of 114 pp., with list of members, etc., from the press of J. B. Lippincott & Co.

—The *Proceedings* of the 90th annual session of the Medical Society of Delaware are included in a pamphlet of 22 pp. It embraces the minutes and articles on the tongue in malar-

rial diseases, by Dr. Wm. Marshall; on aural catarrh, by Dr. R. J. McKay; on prostatitis, by Dr. G. W. Marshall; and on gynecological subjects, by Drs. Black and Chamberlin.

—The fifth Biennial Report of the State Board of Health of California covers the years 1878 and 1879 to July 1st. Much of the valuable matter in it is owing to the labor of Dr. F. W. Hatch, the permanent secretary of the Board. By writing to numerous practitioners throughout the State, he has collected together a mass of reliable information on the diseases and sanitary condition of the State. We notice that the deaths from consumption are steadily increasing, and the explanation offered—that they are those of invalids who came to the State too far gone to be benefited—is scarcely satisfactory. There are a number of charts, tables and special reports in the volume, which we have not space to particularize.

BOOK NOTICES.

A Treatise on the Theory and Practice of Medicine.

By John Syer Bristowe, M.D. London. Second American edition, revised by the author; with notes and additions by James H. Hutchinson, M.D., etc. Philadelphia, H. C. Lea, 1879.

When the author of this work first appeared before the American public, in its first edition, he was known to but few, and his writings stood absolutely on their own merit. It was, therefore, the more complimentary to him that an appreciation of his labors steadily increased as they became more widely known. His accuracy in the portraiture of disease, his care in stating subtle points of diagnosis, and the faithfully given pathology of abnormal processes have seldom been surpassed. It is true that on the matter of treatment he was and is vague and general, to a degree which is frequently disappointing; but the general principles which he defends are certainly excellent.

He embraces many diseases not usually considered to belong to theory and practice, as skin diseases, syphilis, and insanity, but they will not be objected to by readers, as he has studied them conscientiously and drawn from the life.

Speaking from several years' acquaintance and frequent reference to Bristowe's work, we can say that, beginning with some distrust, owing to not knowing his claim to be considered an authority, we have steadily increased in respect for his opinions, and in recognition of the value of his writings.

A Dictionary of German Terms Used in Medicine.

By George R. Cutter, M.D. New York, S. P. Putnam's Sons, 1879. Cloth, 8vo, pp. 304.

The title of this book indicates at once its character. The very considerable attention now paid to the study of German medical authors in this country, and the number of medical men who go to Germany to attend special courses, will unquestionably cause a large demand for a book of this kind. From our examination of it, we consider it very complete and accurate—unusually so for the first edition of a lexicographical work. As an aid in reading German writers on professional topics, it will be welcome to many, and will be found quite indispensable.

The German tongue admits of so many compounds, that an aid of the kind is essential to even advanced scholars; and the unconscionable length to which they string out such compounds is well calculated to frighten a beginner; as, for example, *Bauchspeicheldrüsenzweölfingerdarm pulsader*, which single word we find in the pages before us, and the meaning of which we leave our German reading friends to analyze for themselves.

The display and typographical arrangement are excellent, and well calculated to enhance the utility of the book.

A System of Midwifery, including the Diseases of

Pregnancy and the Puerperal State. By Wm. Leishman, M.D., etc. Third American edition; with additions by John S. Parry, M.D. Philadelphia, Henry C. Lea.

The popularity which Dr. Leishman's work has achieved since its first introduction to the American public has been well deserved. The author's extended experience, and the care with which he works up the various departments of his subject, are obvious to all who examine his pages.

In this edition the text has undergone careful revision by the author, and the additions made by the late Dr. John S. Parry have been mainly retained, and acknowledged by the author as highly useful in rendering his work of increased value to the American reader. Over two hundred illustrations appear in the work, and most of the recent improvements in the art of midwifery have been fully noted. It is based on the most recent English edition, which has undergone a thorough revision at the hands of the author and his assistants.

The paper and presswork of the book are of the usual excellent character of the publisher.

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WHY SCIENTIFIC MEDICINE RECOGNIZES NO FIXED LAWS.

In spite of the general diffusion of knowledge which is the boast of the present day, it is surprising how little the public appreciate the principles which underlie the great change which has taken place in the study of nature within the last century, and to which the marked progress of science is due.

This change was tersely expressed about the first of this century, by a famous line of the poet Schiller—

"Und grau ist alle Theorie."

Expressed logically, it is the absolute rejection of *a priori* methods of reasoning, the recognition that, in the realm of the phenomenal world, all truth is merely relative, and that no absolute laws, no fixed and unalterable principles, have been or can be discovered. Even the simplest axioms of mathematics are true only when we consider space as having but three dimensions; but we know that space can just as well become the subject of mathematical inquiry when it is as-

sumed to have an indefinite number of dimensions, and, in fact, treatises have been written upon it in this condition.

Hence it is that any so-called "law of nature" never can assume the relation of a dogma, or a matter of faith, to the well regulated mind. Disbelieving in the validity of any alleged *a priori* principle, such a mind is always open to the reception of new facts from any quarter. It becomes a mere question of evidence, and a weighing of probabilities. Does a refined experiment on the power of light seem to be in contradiction to the law of gravitation—the most extended and universal of all known natural laws—the properly trained mind will be perfectly ready to throw overboard the universality of gravitation when verifiable experiments require it. Does a very wide and full induction seem to point strongly to the view that an oyster, by a series of changes, can develop into a man; the cultured intellect merely asks whether the induction is so wide and so full that it overcomes the very large amount of contrary evidence which has been accumulated. If it is, the induction is accepted, not as an eternal and universal law, but as the best possible explanation as yet offered of the isolated facts brought forward. For every fact is isolated, and it should never be forgotten that between cause and effect is an unfathomed chasm which the intellect simply jumps, because it cannot ford.

All this it is especially important for the medical man to remember, for there is certainly no science where the authority of name, of system and of dogma does at this present time more hurt than just in this one of medicine. In the general public, the notion seems hopelessly ineradicable that every doctor must belong to some "school." He is allopathic or homœopathic, botanic or eclectic, hydropathic or heteropathic. When he quietly states that he owns to no school, that he acknowledges no law of disease nor law of cure, that he has no objections to learn from anybody, nor any desire to impose a positive rule on others, he is looked on as either ignorant, eccentric, or dodging the question.

This point is so well put in a recent address by

Dr. ALFRED B. DUFFIN, Professor of Pathology in King's College, London, that we quote his words:

"A reproach constantly leveled at us is, that we possess no system. By this, I take it, the public mean some cut-and-dried series of formulæ, chiefly, if not exclusively, of theoretical origin. They seem to expect from us some thoroughgoing, all-including set of principles, elaborated in our studies, logically and harmoniously, out of our own inner consciousness. So impressed do many seem with the necessity of our fighting under some flag, that they have invented for us the term 'allopathists,' whatever that means. Our answer is, that we labor by the light of nature, and cannot go beyond the facts that have been discovered. Thank goodness, Medicine has done with these falsely called systems. She has suffered enough from them. Their vitality may be ascribed to two causes, the scantiness and tentative character of medical knowledge in times past, and the fact that they satisfy a craving, not only in the popular, but in the medical mind itself. The strength of all depended on the tendency of most functional diseases to spontaneous recovery. Many failed to perceive this, and made the most violent and blundering assaults on their unhappy patients. Homœopathy, the 'system' of the Nineteenth century, is wiser in its generation; it is content to spin theories before the imagination of its believers, and to amuse the patient while the disease runs its own course. Allied to these are those waverers who have dismissed physic and its ways from their thoughts during the day of health, and who have neither firmness nor endurance to support them under suffering. They accept our services eagerly, but quickly become disheartened and wearied; they dismiss us, and run the gauntlet of the quackeries. These are the people who are said to 'try' doctors and systems; who discard number one, about whom they know nothing, in favor of number two, about whom they know less."

So it is, that patients themselves are largely responsible for these false notions about medicine. It becomes, therefore, the duty of the physician to explain, on appropriate occasions, that we have no systems, no faiths, no pretended universal laws, for the simple reason that none of those things can exist in a science. It also becomes his duty to oppose all pretended systems which are based on dogmas, fixed laws, or alleged unalterable principles.

NOTES AND COMMENTS.

Therapeutical Notes.

RECENT SUGGESTION FOR OZENA.

To remove the crusts, Dr. Lennox Browne, (*Medical Press and Circular*, Oct. 15,) uses—

R.	Iodoformi,	gr. v-vij
	Ætheris,	3 j-iss
	Ung. petrolei,	3 j
	Ottar rose,	℥vj.

Dissolve the iodoform in the ether, then add the others.

For a post-nasal douche:—

R.	Ammonii chloridi,	
	Sodii boratis,	aa gr. vi-vij
	Glycerinæ,	3 j-ij
	Aquam,	ad 3 iv. M.

This amount for two douches, at 95° Fah.

For vaporinhalations, either pine oil, creasote, or benzole, in water, at 150° Fah. should be inspired by nose as well as by throat. To whichever is prescribed, *aldehyde*, in no larger proportion than one drop to each inhalation, should be added, this drug having a peculiar and quite specific effect on favoring fluid secretions in cases of inspissated mucus, and if administered in larger doses, it is apt to produce headache or embarrassment of breathing.

In the *British Medical Journal*, Nov. 1, he gives other formulæ:—

R.	Sodii boratis,	3 iij
	Acidi salicylici,	3 ij
	Glycerinæ,	3 iiss
	Aquam,	ad 3 iij.

One or two drachms of this mixture to the half pint of water, at 95° Fah., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by him for many months. It has the advantage, over and above its antiseptic qualities, of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor.

MECHANICAL REMEDIES IN HAY FEVER.

Several recent writers report the great relief obtained in many cases of hay fever by filtering the inspired air, either by a veil, the use of a respirator, or, as one suggests, by placing a fine sponge in each nostril, kept moist by pure water, (a little glycerine in it would be better), and accustoming the patient to breathe exclusively through the mouth.

IODOFORM AND QUINIA IN ULCERS.

In foul ulcers, scrofulous sores and sluggish wounds, Dr. C. I. Williams (*Southern Practi-*

tioner, Nov., 1879,) reports excellent results from the following—

R. Quiniae sulphatis, 3j
Iodoformi, gr.xx. M.

Dust on the sore several times a day, after a preliminary washing.

A Good Tapeworm Remedy.

Drs. R. Elben and J. Mainzer, of Stuttgart, in the *Wurt. Cor. Blatt*, report excellent results from the administration of the etherial extract of filix mas, or malefern, in 10 gram (3 iij) doses, for the expulsion of tapeworm.

Dr. Elben was first led to use it in the following way: After having administered 20 grams of kousso to a patient suffering from tapeworm, a large portion of the worm was expelled, but no head could be found, and in about six weeks small pieces began to make their appearance again. He next determined to try the fresh pomegranate root bark, when the patient requested his permission to try the secret nostrum of the tapeworm specialist Lutze, of Braunschweig, to which, for several reasons, he consented. The patient received two vials, the contents of which were to be taken one immediately after the other, before breakfast, in the morning. The tapeworm passed away, with its head, causing no pain or distress. Dr. E. now had the medicine analyzed, and it was found that one of the vials contained 10 grams of extr. fil. mar. æth., and the other 15 grams of ol. ricini with a little raspberry juice. He afterwards obtained similar results with an extract prepared by a druggist in Stuttgart, and Dr. Mainzer likewise succeeded in ridding himself of a tapeworm after having failed with kamala and pomegranate. Both earnestly recommend it to the profession for trial.

The following directions accompany each package containing Lutze's tapeworm remedy:—

The remedy should not be taken during the menstrual period or during any severe illness. In the evening, before taking it, the supper should consist of oatmeal gruel, and a cup of wormwood tea with a tablespoonful of epsom salts should be drunk. The remedy must be taken before breakfast in the morning. The contents of vial No. 1 (ext. fil. mar. æth. 3 iij) should first be swallowed, after having warmed it a little, and vial No. 2. (ol. ricini, 3 ivss) must be taken two minutes afterward. After the first stool, another cup of wormwood tea with epsom salts should be drunk. A cup of coffee without milk or sugar may be taken immediately after the medicine, or a lemon may be sucked, to remove the disagreeable taste.

How to Remit Money without Risk.

As the period of the year is at hand when subscribers for periodicals are accustomed to remit for their serial literature, we take the opportunity of announcing that *we assume the risk of all remittances made us*, provided they are made in either one of five ways, to wit, either by postal order, registered letter, draft, check or express. This certainly gives scope enough. We will even assume the risk, if bank notes are placed in a letter *in the presence of the postmaster*, and a memorandum made by him that he receives the letter at the time. But *we cannot assume the risk of cash supposed to be put in a letter and mailed, or supposed to be mailed miscellaneously*. No one should ask us to do so when so many ways are open to every one now to forward by mail with entire safety.

In this connection readers will pardon us for expressing the hope that they will renew their subscriptions promptly, and thus avoid all irregularity in the receipt of their journal. We hope all will write us without our having to remind them again on the subject.

Signs of Death by Drowning.

In the *Annales d'Hygiène et de Méd. Legale*, Drs. Bergeron and Montano give the following signs as establishing death by drowning: 1. The presence of frothy foam, not only in the pharynx and the larynx, but also in the bronchi, is the constant sign of death by submersion, whether syncope or asphyxia predominated in the mode of death, and whether the individual was free in his movements or was thrown into the water after having been made insensible by opium or chloroform, or was partly suffocated, or was fettered in his action. This absolute constancy of the presence of foam, whatever the special condition in which the submersion occurred, is, in the opinion of the authors, the single sure uniform sign proving death by drowning. 2. There is always a certain degree of congestion, and sometimes sub-pleural ecchymoses are seen; but these ecchymoses, which give the lungs a spotted or speckled look, are unlike the punctate ecchymoses of suffocation. 3. The intensity of the hyperæmia and the extent of the ecchymoses are always in proportion to the efforts of the animal while struggling against submersion. It is the same also with the human subject, as has been verified in all necropsies made by the authors at the morgue in Paris during the last ten years. This fact permits one at a necropsy to learn concerning what

passed in the last moments of life, to know whether or not the individual struggled long and vigorously during the act of drowning.

On Saccharated Extracts.

This form of preparing medicinal substances promises favorably. In a paper before the American Pharmaceutical Association, Mr. C. S. N. Hallberg thinks that a more equal and uniform preparation than ordinary extracts is the crude drug. The proposed new preparation is a powder of sugar of milk containing the extractive matter of the drug, and of such a strength that the finished product equals in weight the weight of the drug originally used; thus one grain of the saccharated extract will represent the same weight of the crude drug, the inert matter being replaced.

Action of Duboisia and Atropia.

In a study of these alkaloids, in the *Practitioner*, October, Dr. Sydney Ringer reaches the following conclusions:—

Duboisia possesses the same properties as atropia, but is far more powerful than atropia. Mr. Tweedy found this to be the case in regard to the local application to the eye. But while duboisia is far more powerful than atropia on man, the reverse is the case in respect to frogs.

Atropia paralyzes far more powerfully the motor nervous system, the heart and respirations, in frogs, than duboisia.

CORRESPONDENCE.

Peculiar Sequelæ of Malarial Poisoning.

ED. MED. AND SURG. REPORTER:—

Malarial fevers, with their diversity of symptoms and endless complications, constitute at least nine-tenths of the prevailing diseases of this and many other portions of the Southern and Western States. Consequently I deem it a sufficient apology for offering a few facts in reference to the peculiar, and often unlooked-for, effects of malaria upon the human system. I will give a brief history of two cases.

CASE 1.—Eddie F., aged 10; white. Parents healthy, and no evidence of constitutional taint. I was called to see him October 4, 1877, and found him suffering with a very common type of intermittent malarial fever; was attacked the preceding day (October 3) with a chill, which was followed by high fever, of several hours' duration. On the day I visited him (October 4) and the day following he had similar attacks, after having taken fifteen grains of quinine, which was given during and after the sweating stage of each paroxysm. As the fever recurred about the usual hour on October 5th, I gave twenty grains of quinine during and after the sweating stage.

Visited him October 6th and found him apparently much better. The severe pains of the head, back and bowels, of which he had been complaining, had entirely subsided.

The usual hour for the febrile exacerbation was about passed, and I felt sure that the case was progressing excellently and would soon be well.

Thinking that the patient was safe from another attack I left him, with directions to take some quinine the next day. A short time after leaving the patient I received a hasty summons to visit him, the messenger saying that "the sick boy could not live an hour longer." Wondering what could be the cause of alarm, I returned, to find him unable to speak or even open his mouth; the saliva exuding from his mouth like one with an epileptic fit. His circulation and respiration were normal, and I was puzzled to account for the peculiar condition the case had assumed.

I questioned him in reference to pain; he answered, by shaking his head, that he was not in pain, except slight pain in the abdomen. I tried to open his mouth, but failed, after using considerable force. I remained with him, giving hydrate of chloral and bromide of potassium by enema, hoping that it would relieve the muscles of mastication, deglutition, etc.

This condition of affairs continued three or four hours, and subsided, as did the fever of preceding day. After recovering the use of his jaws he could not swallow for some "little time" afterward.

In answer to my many questions he said that he knew all that we were doing and saying, and that the reason that the saliva came from his mouth was because he could not swallow it, and that he moaned and fretted because he was frightened, and could not speak or swallow.

Thinking that the symptoms were directly or indirectly caused by the malarial poison acting upon the brain and nervous system, I ordered that he should remain in bed until the following day, and take fifteen grains of quinine, in divided doses, with bromide of potassium and belladonna, to anticipate another attack on the following day.

As I feared would be the result, the same condition returned about the same hour the following day (October 7th), with temporary paralysis of the right arm. After three or four hours the symptoms all passed away, leaving the patient not only cheerful and quiet, but entirely free from all the unpleasant symptoms. Treatment continued.

On the following day (October 8th), about the usual hour, and for the same number of hours, all of the symptoms returned, but in a milder degree. At my request for consultation Dr. Murchinson was called. He concurred with me in my diagnosis, and we continued treatment, with the addition of strychnia sulph., grain $\frac{1}{10}$, to be given every six hours.

October 9th. All the symptoms returned at the usual hour and continued the usual length of time, but less severe than on preceding day. Treatment continued.

October 10th. There was no return of symptoms, and patient made a rapid recovery.

CASE 2.—Called, September 29th, 1878, to see Mollie B., age 11, white, daughter of healthy

parents. Found her with high fever, having had chills and fever for several days. The parents were greatly alarmed, thinking that she was was dying, and it was almost impossible to persuade them that she was not in any particular danger. Her condition was almost precisely like my first case, except that this peculiar episygnanche with trismus came on during the febrile exacerbation. She was entirely unable to open her mouth or to swallow anything.

I saw that the fever was of the intermittent type, and would soon decline, consequently I waited until the fever, and the spasm with it, passed off, which was in a few hours after they came on.

What was noticeable in this case was, that as soon as the fever declined she was restored to perfect quiet and cheerfulness, with the ability to take quinine, which I prescribed, and which entirely prevented any return of fever or other troublesome symptoms. She made a rapid recovery.

I do not offer anything new in the treatment of malarial fever, yet, if by reporting these cases I can help other practitioners to understand these unusual phenomena, and save them the anxiety and suspense which I have felt, it will reward me for my time spent in writing.

P. H. THOMPSON, M.D.

Bluffton, Clay Co., Ga.

Double Pneumonia and Abortion.

ED. MED. AND SURG. REPORTER:—

On the 11th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot, both cheeks flushed, eyes suffused, respiration about 23, pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty, brownish fur, lips red, breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A.M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At nine P.M. saw the patient; complained of diarrhoea. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhoea a few drops of Mon-sell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhoea under control. During the next two days the acetate of ammonia was con-

tinued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the foetus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

L. A. RUTHERFORD, M.D.

Macon, Ga.

The Northwestern (Ohio) Medical Society.

ED. MED. AND SURG. REPORTER:—

The "Northwestern Medical Society," of Ohio, met at Lima, Ohio, last week, on Thursday, and remained in session during Friday.

Our meeting was made particularly interesting by the presence of Professors Dawson and Reamy, of Cincinnati. Several valuable papers were read and discussed, as "Specialists;" "Croup and Diphtheria; are they identical or not?" "The Eye in some of its Surgical Relations." A novel, as well as interesting feature of our communications was a paper by a young veterinary surgeon, a graduate of a Canadian institution. The paper was on comparative anatomy, "The Diseases, or some of them, which "Man

and Beast have in common, and their Treatment." The young man, Dr. Smeal, who seemed to be quite competent, was interrogated on several points. Do the veterinarians medicate hypodermically? Answered, they did. What is the comparative dose of medicine as to man and horse? Answered as 8 to 1. Prof. Dawson said he had given 6 grains of morphia, hypodermically, recently, to one of his horses that was in agony of colic and the relief was prompt and perfect, the horse having recovered in a few minutes. The discussion here went off on the comparative merits of the gelding and the perfect horse; as to their comparative usefulness, teachableness and docility. Professor Dawson said that he had tried that, and it was no good; while Prof. Reamy said, when he was in Paris he frequently saw French ladies driving the entire horse; indeed, a thoroughbred French lady would drive no other.

Lima, Ohio.

H.

[Dr. TELLOR, in his *Diseases of Live Stock*, p. 44, gives full directions for the use of the hypodermic syringe in horses and cattle.—ED. REPORTER.]

NEWS AND MISCELLANY.

Presentation of the Portrait of Professor Meigs, at the Jefferson Medical College; a Touching Tribute to the Memory of a Deceased Teacher by the Students of his Class. An Interesting Occasion.

At the close of Professor Da Costa's lecture, on Friday, December 12th, 1879, the Trustees and Faculty of Jefferson Medical College stepped into the arena, by previous invitation from the class. At this moment a life-size portrait, in oil, of the late Professor James Aitken Meigs was unveiled, which had been purchased by voluntary contributions from the students in attendance upon his lectures. Professor Wallace announced that the artist, Mr. Pettit, of this city, had never seen Professor Meigs, but had merely a small *carte de visite* vignette photograph as his guide; under these unfavorable circumstances he had succeeded admirably in preserving the likeness of the departed professor. The unveiling of the picture was followed by a murmur of applause. The orator appointed by the class, Dr. H. B. Lowry, of Proctor, West Virginia, now stepped forward, and addressing the President of the Board of Trustees, paid a glowing tribute of honor and admiration to the memory of Professor Meigs, in the name of his fellow members of the class, whose esteem and gratitude had found expression in the presentation of a portrait which in future will prove to be, to those who knew him and to succeeding generations of students, the strongest reminder of the man himself.

Want of space forbids the reproduction of the entire address, which was listened to with deep attention and followed by general applause. We cannot refrain, however, from giving short abstracts, containing some of the references to the late Professor, which will serve to show the sentiments with which he had inspired the minds of the students, and their estimate of his abilities as an instructor. The orator said:—

"Of the sterling worth, of the force of character and the profound learning of our late teacher I would not presume to speak. . . . Intellectually and morally the influence of the teacher upon the student is most potent. . . . Our late Professor had many qualifications of a teacher that were quite remarkable. His systematic method of inquiry, of using facts in hand in ascertaining unknown truths, contributed largely to his success. . . . What man has succeeded in making an abstruse science more comprehensive than did our admired Professor that of physiology?"

"The one thing, I am sure, however, that will prove most beneficial to all who had the pleasure of hearing this man lecture, was the interest in the study of physiology which he must have awakened in every mind. No man could have carried a greater enthusiasm into his work than did Dr. Meigs, with what effect you all know. May his healthful influence long be felt in the moulding of many professional lives.

"How his sudden departure from us made every man realize that he had lost a great teacher and a good friend; how his colleagues, by telling the simple story of his life, pronounced the highest eulogies; how a sudden gloom was cast over the Faculty and students of Jefferson Medical College; I need not now dwell upon.

"But, Mr. President, in order to put our admiration in a more tangible form than of mere hollow-sounding epithets, and as a means of recalling pleasant memories to his patrons and colleagues, as well as to the alumni of this institution, and as a legacy to those who may come after us, on behalf of the students of 1879-80, I have the great pleasure of presenting you with the portrait of him who "with learning coupled large integrity," our late lamented teacher, Professor Meigs."

Dr. Gardette, on behalf of the Trustees, accepted the trust, and with some emotion, spoke as follows:—

GENTLEMEN OF THE CLASS OF 1879-80—The Board of Trustees, can but sympathize deeply in this act of grateful and gratifying respect to the memory of your late Professor, Dr. J. Aitken Meigs, which is highly creditable to the students from whom it spontaneously comes, as has just been so eloquently conveyed by their own appointed orator. In the name of the Trustees, I accept and honor this gift to the institution, and return their sincere thanks. The portrait does credit to the artist, and brings back a smile of approbation to his class; it shall have place on the college wall, by the side of other distinguished Professors, who, by their learning and good teachings, have advanced "the Jefferson Medical College of Philadelphia" to its present high standing among the medical schools of our country.

The portrait will be hung in the amphitheatre of the new hospital, which is already adorned by the portraits of Professors Gross and Pancoast, and the former Dean, Prof. Dunglison.

—Inspector Dr. A. P. Brown reports that malarial fevers are prevalent in Texas, but no contagious or infectious disease.

The Audiphone.

This new instrument was tried last week, in this city, at the Pennsylvania Institution for the Deaf and Dumb, by Mr. Richard S. Rhodes, of Chicago, who, having long experienced the privation of infirm auditory organs, invented a carbon disc, the testing of which, as a conductor of sound, was the object of the trial. The apparatus for the experiments consisted of a grand piano and several audiphones. The new invention consists of a vulcanite disc, of say eight by ten inches, attached to which is a handle, which gives it much the appearance of a fan. The material is very flexible, and silken cords on its lower side, fastened to the upper end and concentrating at the handle, serve to bend it to any desirable degree. The vibration of the instrument, which conveys the sound to the auditory nerves by contact with the teeth, is increased in intensity in proportion to the degree to which the audiphone is bent. A clamp serves to secure the string at the desired point. Mr. Rhodes, the inventor, remarked, introductoryly, that only those whose auditory nerve was not wholly dead could be benefited. Very few, however, even of those born deaf, are totally without sense of sound; hence nearly all of those educated in the asylums may be taught to speak, inasmuch as their dumbness is owing solely to their want of use of the organs of speech. The results were exceedingly satisfactory, and illustrated fully the value of this new invention.

Marrying Near Relations.

The present king and queen of Italy are first cousins, and their only child is extremely delicate; but so also are both parents. On the other hand, the natives of Pitcairn Island, colonized in 1789 by nine mutineers of the ship "Bounty," are ideals of health, in spite of constant intermarriage. The commander of the British ship "Opal," who quite lately touched at the island, reports the present population at ninety-three, and "all in excellent health." It is remarkable, that with the number of necessarily consanguineous marriages these people do not show the supposed results of such marriages in their offspring. On the contrary, all who have seen the mixed native and English descendants of the original settlers describe them as models of physical strength and perfection, the young girls even being "as strong as horses and as fleet of foot as deer," carrying heavy burdens up and down the rocks with equal grace and ease. Their out-door life, their lovely climate, and their temperate and frugal habits, are the cause.

Measles at Cape Clear.

Measles has been prevalent in a most malignant form at Cape Clear, Ireland. But what wonder? Recent observers say that Cape Clear Island contains about four hundred people, living in wretched hovels. Measles being introduced among them from a neighboring village, the disease assumed a malignant form and attracted the attention of the local government board of health. Dr. Brodie was sent to investigate; he describes, as a type of the dwellings, a cabin fifteen feet

long by eight wide and six feet high. In the single room nine persons, men, women and children, sick and well, were huddled together. The one window was permanently closed, and the door and chimney afforded the only ventilation.

OBITUARY NOTICES.

—Dr. W. H. Peckham died suddenly, at his residence in New York city, December 7th. He had retired from practice for a number of years.

—Dr. Edward Strudwick, of Charlotte, N. C., died last week, from a large dose of belladonna tincture taken by mistake. He was 80 years of age.

—Dr. B. Lincoln Ray died at his home in West Philadelphia, on December 9th, at the age of 43 years. He was a son of Dr. Isaac Ray, and was himself a well-educated physician and a cultivated gentleman. He was well known as a musician also.

—Dr. Enoch Cobb Wines, who was eminent in both the new and the old worlds, from his work in the cause of prison reform, died at Cambridge, Massachusetts, on December 10th. He did good service for the New York Prison Association, for a period of ten years, and in 1870 founded the National Prison Association, of which he was secretary at the time of his death.

—The eminent French physician and naturalist, Dr. Jean Charles Chennu, died recently, at the age of 71. His first publication was a treatise on cholera morbus (1835); his second an essay on thermo-mineral waters (1840). He next applied himself to the preparation of his great folio work, "Conchological Illustrations, or, Description and Figures of all Known Shells, Living or Fossil, with the new Genera and the latest discovered Species" (1842-1847). In 1852 he became librarian of the School of Military Medicine, made the campaign of Crimea in connection with the ambulance service, and was director general of ambulances during the siege of Paris.

MARRIAGES.

HICKMAN—HICKMAN.—At York, Pa., Oct. 30th, by Rev. T. M. Crawford, J. W. Hickman, M. D., and Miss H. J. Hickman, all of York county, Pa.

KARR—KING.—On Thursday, Nov. 27th, 1879, at the residence of the bride's parents, at North Bend, O., by Rev. Ransom E. Hawley, pastor of the Presbyterian church at Cleves, Gen. Chas. W. Karr, and Miss Elizabeth Platt, daughter of Prof. John King, M. D.

SMITH—FERGUSON.—At the residence of the bride's father, in Granger, N. Y., Oct. 15th, 1879, by Rev. Isaac Harris, Mr. Andrew Smith, M. D., and Miss Anastasia Ferguson, all of Granger, N. Y.

DEATHS.

CHATHAM.—In this city, on the 26th ult., at his residence, Benjamin F. Chatham, M. D.

LONGSHORE.—In this city, on 12th month, 8th, 1879, in the 71st year of his age, Joseph S. Longshore, M. D.

MURRY.—Nov. 18th, very suddenly, of heart disease, John S. Murry, M. D., in Murrysville, Pa., in his 63d year.

PECKHAM.—In New York city, on Saturday morning, Dec. 6th, at his residence, No. 185 Fifth avenue, Walton H. Peckham, M. D.